

Adult Program Registration

☐ ADULT BASKETBALL ☐ ADULT VOLLEYBALL
☐ ADULT TENNIS ☐ CO-ED FIELD HOCKEY

PICKLE BALL-
4 Separate
Programs

<input type="checkbox"/>	HMS, Monday&Friday
<input type="checkbox"/>	HMS, Tuesday&Thursday
<input type="checkbox"/>	HCC, Mon,Wed,Fri
<input type="checkbox"/>	SUMMER- Brooks Park

REGISTRATION FEE IS **EACH JULY 1ST**
RECREATION DEPARTMENT RELIES ON REGISTERED
PARTICIPANTS TO POLICE THEMSELVES.

THE RECREATION AND YOUTH DEPARTMENT RESERVES THE
RIGHT TO CANCEL DAYS AND/OR NIGHTS THROUGHOUT THE
YEAR DUE TO HOLIDAYS, SCHOOL VACATIONS AND SPECIAL
EVENTS INCLUDING BUT NOT LIMITED TO TOWN EVENTS ECT...

Name _____

Cell Phone # _____

Address _____

E-Mail _____

Emergency Name _____

Phone # _____

MEDICAL RELEASE

I AUTHORIZE THE HARWICH RECREATION STAFF TO SEEK MEDICAL ASSISTANCE IF NECESSARY. I
UNDERSTAND THAT I, NOT THE TOWN OF HARWICH, WILL BE RESPONSIBLE FOR ANY MEDICAL
EXPENSES NECESSARY DURING PROGRAM HOURS OR AFTERWARD, AS A RESULT OF INJURY DURING
PROGRAM.

SIGNATURE

DATE

Number of Programs Registered for _____

Amount Paid _____

Paid by _____

Cash or Check # _____

CONSENT, RELEASE FORM

RECREATIONAL PARTICIPANT & VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____, do
hereby consent to my participation in voluntary or recreation programs of the Town/City
of Harwich. I also agree to forever release the Town/City Harwich, and all their
employees, agents, board members, volunteers and any and all individuals and
organizations assisting or participating in any voluntary or recreation programs of the
Town/City of Harwich ("the Releasees") from any and all claims, rights of action and
causes of action that may have arisen in the past, or may arise in the future, directly or
indirectly, from personal injuries to myself or property damage resulting from my
participation in the Town/City of Harwich voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against
any and all legal claims and proceedings of any description that may have been asserted
in the past, or may be asserted in the future, directly or indirectly, arising from
personal injuries to myself or property damage resulting from participation in the
Town/City of Harwich voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I
understand the contents of this Form. I understand that my participation is voluntary and
that I am free to choose not to participate in said programs. By signing this Form, I affirm
that I have decided to participate in the Town/City of Harwich as a volunteer or in its
recreation programs with full knowledge that the Releasees will not be liable to
anyone for personal injuries and property damage that I may suffer in voluntary
activities in the Town/City of Harwich or their recreation programs.

Print Name: _____

Signature: _____

RESIDENTS

1 PROGRAM \$25/FISCAL YEAR 7/1 - 6/30
2 PROGRAMS \$40/FISCAL YEAR 7/1 - 6/30
3 PROGRAMS \$60/FISCAL YEAR 7/1 - 6/30

NON-RESIDENTS

1 PROGRAM \$35/FISCAL YEAR 7/1 - 6/30
2 PROGRAMS \$65/FISCAL YEAR 7/1 - 6/30
3 PROGRAMS \$95/FISCAL YEAR 7/1 - 6/30

All Checks Payable to "TOWN OF HARWICH"